| | Index of Claims | | | | | | | | | | | | | Ар | Application No. | | | | | | | | | Applicant(s) | | | | | | |
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| | | 24 | | \exists | 土 | | | | | | | 74 | | | 士 | 士 | | 土 | 11 | ┨ . | | 124 | Н | +- | 十 | \vdash | + | + | Н | |
| | | 25 26 | - | 4 | + | 4- | ╄ | \vdash | H | 4 | | 75 | $oxed{oxed}$ | | 4 | 1 | | L | \Box | | | 125 | \Box | \Box | | | 1 | | | |
| | | 27 | -+ | \dashv | ┿ | ╁ | ╁ | ┢ | Н | \dashv | - | 76 77 | \vdash | \dashv | + | ┿ | ┞ | ╁ | ++ | | | 126 127 | \dashv | - | ╀ | H | - | + | Н | |
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| | | 3 | \dashv | ┪ | + | ╁╴ | ╁ | 1 | H | \dashv | - | 81 | Н | \dashv | ╁ | ╁ | H | ╁╌ | + | - | | 130 | | + | ╀ | \vdash | + | ╌┤ | Н | |
| | | 32 | | \Box | | | | | | | | 82 | | | | | | T | † † | ┨ : | | 132 | \dashv | + | ╁╴ | H | + | \dashv | \exists | |
| | | 38 34 | 4 | 4 | + | + | ļ | <u> </u> | Н | _ | | 83 | Ц | 4 | \perp | Ļ | | I | \Box | _ | | 133 | | I | | | I | | | |
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| | | 36 | v : | = | | 上 | | | | | | 86 | | | | | | T | 11 | \dashv | | 136 | | ╅ | + | ╁ | 十 | + | \dashv | |
| | | 37 38 | | 킘 | 4 | 4 | L | Ц | Н | _ | | 87 | | \Box | \perp | $oxed{\Box}$ | | L | П | - | | 137 | | 1 | | | | | | |
| | | 39 | | y | ╁ | ╁ | ╁ | Н | \dashv | \dashv | - | 88 89 | Н | \dashv | + | + | ⊢ | ╀ | ╁┵ | - | | 138 | \dashv | | + | \vdash | + | \dashv | 4 | |
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Application No.

Applicant(s)